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## BIB DATA SHEET

CONFIRMATION NO. 6154

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/701,041	11/04/2003 RULE	424	1616	200.1133CON2	
<b>APPLICANTS</b> Benjamin Oshlack, New York, NY; Curtis Wright, Norwalk, CT; J. David Haddox, Upper Stepney, CT;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/781,081 02/08/2001 PAT 6,696,088 which claims benefit of 60/181,369 02/08/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/22/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JAMES HENRY ALSTRUM ACEVEDO/ Examiner's Signature	<input type="checkbox"/> Met after Allowance JHAA Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> DAVIDSON, DAVIDSON & KAPPEL, LLC 14th Floor 485 Seventh Avenue New York, NY 10018 UNITED STATES					
<b>TITLE</b> Tamper-resistant oral opioid agonist formulations					
<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		